## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 Day 895

APPLICANT(S)

FILING DATE

## CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT				AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
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